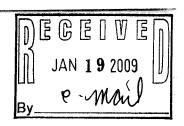
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE



COMMITTEE NAME (M	lust be same as on Statement of Or	ganization)	*. A
Swaim For Hou	se		FORM
(1)Statewide/Legislative (4)County Central Comm	by # type of committee you are report /Judge Standing for Retention Candids nittee (5)County Candidate (6)City (8)County PAC (9)City PAC (10)Sc		DR-2 DISCLOSURE (Rev. 07/2007) REPORT
CANDIDATE COMMIT	TEES ONLY:		Logged in
Candidate Name	(urt Swaim	Political Party (if applicable) Democrat	Scanned
Office Sought State House Di	strict 94	District (if Senate or House)	Audited 4 DAGS
	nd the chairperson, for any other typ	Pursuant to lowa Code sections 68B.32A(7) and e of committee, is the individual responsible for file the committee of the com	
I AM FILING A	January 20, 2009	REPORT FOR (1) ELECTION /(2)N	ION-ELECTION YEAR.
	(report date)	Indicate by #	7
TCHECK IF AMENDM	ENT TO REPORT DATED	Loca	Committees, enter Date of Election
	ATEMENT OF CASH ON HA		
committee. T	his amount MUST be the same as		\$ 12,571.30
	MONEY TAKEN IN THIS PERIOD	•	12,071.00
		Schedule A) (*also see in-kind below)	325.00
		ule F)	
		(Attach Schedule H)	A
	edule H applies to Candidates' C		· · · · · · · · · · · · · · · · · · ·
		SUB-TOTAL	\$12.896.30
SUBTRACT T	OTAL MONEY SPENT THIS PER		
Schedule B:	Expenditures total (Attach Sche	dule B) (**also see debts and loans below).	644.36
Schedule F: L	oan Repayments total (Attach Scho	sdule F)	
			0.00
			12,251.94
CASH ON HAND at the	end of this reporting period (if final	report balance must be zero)	40.054.04
CASH ON HAND at the	end of this reporting period (if final	report balance must be zero)	12,251,94
CASH ON HAND at the ***UNPAID RILLS (From **IN KIND CONTRIBUT	end of this reporting period (if final Schedule D - Attach Schedule D IONS (From Schedule E - Attach	report balance must be zero)	12,251.94
CASH ON HAND at the ***UNPAID BILLS (From **N KIND CONTRIBUT* ***OUTSTANDING LOA	end of this reporting period (if final Schedule D - Attach Schedule D IONS (From Schedule E - Attach NS (From Schedule F - Attach Sch	report balance must be zero)	12,251.94 0.00 \$ 0
CASH ON HAND at the MUNPAID BILLS (From I'M KIND CONTRIBUTE CONTRIBUTE CONSULTANT BREAK	end of this reporting period (if final Schedule D - Attach Schedule D IONS (From Schedule E - Attach NS (From Schedule F - Attach Sci DOWN (Schedule G Attached?)	report balance must be zero)	12,251.94
CASH ON HAND at the ***UNPAID BILLS (From *IN KIND CONTRIBUT***OUTSTANDING LOA! CONSULTANT BREAK CANDIDATE COMMIT**	end of this reporting period (if final Schedule D - Attach Schedule D IONS (From Schedule E - Attach NS (From Schedule F - Attach Sci DOWN (Schedule G Attached?)	Schedule E)	12,251.94 0.00 \$ 0

_			•	D		
-or	instruc	tions.	See	васк	of Form	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
Swaim For House	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIWIDDYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	□ IF FOR FUND- RAISER INCOME
11/4/08	1D# 6282 CK#	Hy-Vee Employees PAC 5820 Westown Pkwy West Des Moines, Iowa 50266		\$ 100.00	
11/5/08	ID# ₈₀₂₆ CK# ₁₈₇₀₉	IBEW PAC 1125 15 St NW Washington, DC		200.00	
11/17/08	ID# 6435 CK#	la Insurance Inst. PAC 11201 Douglas Ave Urbandale, la 50322		25.00	
	ID# CK#				
	ID# CK#			1	
	ID# CK#				

SUB-TOTAL

SCHEDULE A

(Rev. 07/03)

MONETARY

RECEIPTS

TOTAL (if last page of this schedule)

325.00 325.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ___1__of__1___

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B N (Rev. 07/03)	IONETARY EXPENDITURES
1 1 7	CK THIS BOX IF NDING FORM

COMMITTEE NAME		

Swaim For House

Swaim For	Tiouse			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/7/08	ID# CK# ₁₂₁₉	USPS	Postage for Campaign Mailing	\$ 42.00
11/7/08	ID# CK# ₁₂₂₀	Hawkeye Trader 101 N 2nd Pulaski, Iowa	Thank you ad	225.00
11/18/08	ID# CK# 1221	Kristie Rysdam 13841 Bison Trail Drakesville, Iowa 52552	Reimbursement for Parade Candy	31.98
12/9/08	ID# CK# 1222	Bloomfield Communications 207 S Madison Bloomfield, la 52537	Thank you ad	46.80
12/28/08	ID# CK# 1223	Kurt Swaim 504 North Davis Bloomfield, Iowa 52537	401 miles @ 0.585 per mile	234.58
12/28/08	ID# CK# 1224	Daily lowegian/Ad Express 105 North Main Street Centerville, Iowa	Thank you ad.	64.00
	ID#			
	CK#			
	ID#			
	CK#			
	1		SUB-TOTAL	\$

SUB-TOTAL

644.36 644.36

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	1	of	2
raye		01	

NSTRUCTIONS, SEE	BACK OF FORM		5	CHEDULE	
MITTEE NAME/Must h	pe same as on Statement of Organization)			F	LOA
I EE IVANE(1910St D	Swaim For House			(Rev. 02/08)	& REC
			-		THIS B
	ts money loaned to the committee which is deposited in th	e committee account.		AMEN	DING F
L UNPAID LOANS FR	ROM LAST REPORTING PERIOD \$		L		
	INS RECEIVED THIS REPORTING PERIOD floan, such as a bank, must be shown if a third party is inc	volved. Include loans fr	om candidate	's personal fui	nds.)
DATE	NAME AND ADDRESS OF LENDER	RELATION		AMOUNT	OF LOA
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (I	Applicable)		
				\$	
					
	A Property of the Control of the Con			1	
				i .	
	OAN REPAYMENTS MADE THIS REPORTING PERIOD must be reported on Schedule E In-kind Contributions.))	\$_0	
(Loans forgiven	must be reported on Schedule E In-kind Contributions.)				r REPAI
			ISHIP TO	AMOUN	r REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	ΓREPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	Γ REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	T REPAI
(Loans forgiven	must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATION	ISHIP TO	AMOUN	ΓREPAI
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION CANDIDATE*	NSHIP TO (If Applicable)	AMOUN	ΓREPAI
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION CANDIDATE*	NSHIP TO (If Applicable)	\$	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION CANDIDATE* H REPAYMENTS (PAR) TAL LOANS FORGIVE	NSHIP TO (If Applicable)	\$0	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASI	RELATION CANDIDATE* H REPAYMENTS (PAR') TAL LOANS FORGIVE END OF REPORT PER	NSHIP TO (If Applicable)	\$	